

REEDUCATION FOR CAREER AND TECHNICAL RESOURCE EDUCATOR (CTRE) ENDORSEMENT

SFN 54055 (05-17)

				Educator's Professional License Number								
Name (Last, First, MI)			Name	or								
				Social Security Number (do not use dashes)								
Address												
City		tate	Zip Code (9-digit)									
Home Telephone Number	Work Telephone Number	•	Date of Birth	Email Address								
High School Attended		High S	School City Attended						State	Э		

Endorsement Process: Rules of Licensure: 67.1-02-03-08

Prerequisite: Valid North Dakota Professional Educator's License and

- a. License in one of the following content areas: Agriculture Education, Business and Office Technology, Family and Consumer Sciences, Health Careers, Information Technology, Marketing Education, Technology Education and Trade, Industrial and Technical License; or
- b. Special Educator; or
- c. Career Development Counselor.

Reeducation Plan: Work with Career Technical Education (CTE) Special Needs State Supervisor to develop and approve your educational plan (below).

Fees: A fee of \$75 must be enclosed.

Timeline: Reeducation for the Career and Technical Resource Educator (CTRE) endorsement must be completed within two years of assignment as a CTRE. This timeline applies only to the completion of the endorsement and does not alter your regular license renewal due date.

Program of Study

ESPB will conduct a review of past coursework and recommend additio	nal studies for com	oletion of this end	orsement.
Content	Completed Course #	Need to Complete	Semester Hours
Philosophy and Practices of CTE Courses			
Vocational Assessment			
Career Development			
Competency-based CTE			
Cooperative Education (Coordinating Techniques)			
Special Needs Teaching Methods			
Introduction to exceptional children, mental retardation, learning disabilities, emotional disturbance, etc.			
Working with at-risk students			
Behavior problems			
Classroom strategies			
Other courses or workshops approved by the CTE Supervisor			
Signature of Applicant	Date		
Program approved by CTE Special Needs Supervisor	Date		
ESPB Approval:	Date		

Sign and submit completed form and fee to: Education Standards and Practices Board 2718 Gateway Avenue Suite 204 Bismarck ND 58503-0585 (701) 328-9641 office (701) 328-9647 fax



Payment/Credit Card Information

Type of Payment ☐ Visa		MasterCard	□ Check		Amount \$				
Name as it appears	on	credit card							
Credit Card Number				Expiration Date	3 digit CVV				
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Billing Address of credit card (if different than the mailing address)									
Address:									
City			State	_ Zip Code					

This documentation will be destroyed upon completion of processing.